MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

September 17, 2015 - 9:30 am to 3:00 pm
Polk County River Place, Room 1
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska
Thomas Broeker
Richard Crouch
Jody Eaton
Marsha Edgington
Lynn Grobe
Representative Dave Heaton
Kathryn Johnson
Betty King
Sharon Lambert
Geoffrey Lauer
Brett McLain (phone)
Rebecca Peterson
Michael Polich
Patrick Schmitz (phone)
Rebecca Schmitz
Marilyn Seemann
Jennifer Sheehan

MHDS COMMISSION MEMBERS ABSENT:

Senator Mark Costello
Senator Liz Mathis
Representative Scott Ourth
John Parmeter

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief, Community Services and Planning
Bob Bacon	Center for Disabilities and Development
Jess Benson	Legislative Services Agency
Kris Bell	Iowa Senate Democrat Caucus Staff
Teresa Bomhoff	NAMI Greater Des Moines
Dan Endreson	National Multiple Sclerosis Society
Marissa Eyanson	Easter Seals of Iowa
Connie Fanselow	MHDS, Community Services and Planning
Jim Friberg	Department of Inspections and Appeals
Rachele Hjelmaas	Legislative Services Agency
Zeke Furlong	Iowa House Democrat Caucus Staff
Gayla Harken	Iowa Association of Community Providers
Carrie Malone	Iowa House Republican Caucus Staff
Julie Maas	MHDS, Community Services and Planning
Caitlin Owens	Center for Disabilities and Development
Jim Rixner	Siouxland Mental Health Center
Peter Schumacher	MHDS, Community Services & Planning/CDD
Rick Shults	DHS, Division Administrator, MHDS
DJ Swope	Iowa Department on Aging

Welcome and Call to Order
Patrick Schmitz called the meeting to order at 9:42 am and led introductions. Quorum was established with fourteen members present, and two participating by phone. No conflicts of interest were identified for this meeting.

Approval of Minutes
Geoff Lauer made a motion to approve the minutes as presented. Kathy Johnson seconded. The motion passed unanimously.

Mental Health and Disability Services Update – by Theresa Armstrong and Rick Shults
Rick Shults said that a letter was sent out by Magellan informing providers of home habilitation services that their rates were being adjusted. This letter was not authorized by the Department of Human Services (DHS), and there are meetings being scheduled to address that happening at the time of the meeting. This will be quickly addressed.

Rick spoke about the Children's Mental Health and Well-Being Workgroup. The first meeting will be on September 24 in the Iowa Capitol Building. There will be a broad cross-section of individuals representing several different viewpoints. There will also be representatives from the General Assembly and other departments in the executive branch. Information on the workgroup will be posted on the DHS website at https://dhs.iowa.gov/mhds-advisory-groups/childrens-mental-health-well-being-workgroup. Meetings will be open to the public, and there will be opportunities for public comment. The legislation requires a report due to the legislature by December 15, 2015.

DHS has submitted its budget proposal to the Council on Human Services. Last year, when the Governor submitted his budget for state fiscal year 2016 (SFY16), he included his proposal for SFY17 as well since he would like to move to a two-year budget cycle. DHS built its budget proposal for SFY17 around the Governor's proposals for this reason.

DHS is developing rules on Mental Health Advocates. Jan Heikes and Peter Schumacher are working to develop a draft of the rules package to present to the stakeholder group at the end of September with the hope of presenting them to the Commission at the October meeting to be noticed. The rules concern professional qualifications, workforce coverage, caseload requirements, data reporting, quality assurance, and other factors concerning Mental Health Advocates becoming employees of the counties.

Representative Heaton asked what the relationship will be between the advocates and the MHDS regions. Theresa Armstrong said that there is a lot of discussion about who will be the direct supervisors of the advocates, and that the people working for counties in the MHDS region system have the most experience with MHDS services. Representative Heaton asked who will appoint the advocate. Theresa answered that counties will employ the advocates. Not every county will need its own advocate, so there will be advocates shared between counties in a variety of ways.

Theresa said DHS has been working with MHDS regions on a dashboard for county and regional data. Currently, DHS has county data from 2014, and they will add 2015 data as soon as possible. Rick Shults said we have numerical data that gives exact counts of things from 2014. Another piece is what is being developed today in the regions. Access standards, core services, and core plus services are all current and accurate.

Theresa spoke about the inpatient psychiatric bed-tracking system, which is called CareMatch. The system went live on August first, and twenty-six of the twenty-nine eligible hospitals are currently participating. DHS is working with the other three to identify what challenges they are having. DHS is also doing quality assurance work because they are seeing beds listed as available. Theresa said DHS is working to understand why those beds are being listed as open. DHS is asking questions like "Is the hospital's information being entered accurately?" and "Are

hospitals getting calls and declining the patient due to violence or other behaviors?" to ensure everything in the system is working as it should.

Geoff Lauer asked which three hospitals are not currently participating. Theresa answered that they are working to understand why the hospitals are not participating. It may not be that they do not intend to participate, but that they have staffing issues or a miscommunication.

Sharon Lambert asked if hospitals were declining to admit patients and why. Theresa answered that DHS is investigating why there are open beds, which could be due to many factors. There may be open beds at a hospital, but not for the sex of that patient. The patient may be displaying behaviors that are of concern to the hospital, or the hospital may not be able to provide the level of care needed by that patient at that time. DHS is currently gathering information from hospitals about their limitations with inpatient psychiatric services.

Sharon Lambert asked if they are keeping track of hospitals who accept aggressive patients. Rick answered that one of the questions being asked of the hospitals is whether or not they are able to accept patients that exhibit aggressive behaviors.

Geoff Lauer asked if they are calling enough hospitals to have a statistically significant sample of inpatient psychiatric providers. Rick answered that he is confident that the process will be representative because it is so large.

Teresa Bomhoff asked who someone could contact to get access to the CareMatch system. Theresa answered that they could contact Suzanne Fross at sfross@dhs.state.ia.us, or Karen Hyatt at khyatt@dhs.state.ia.us.

Representative Heaton asked if DHS is doing anything to find out how many inpatient psychiatric beds are needed in the state of Iowa. Rick answered that this is part of what DHS is looking into using the CareMatch system. Representative Heaton asked if DHS is finding out how long individuals are waiting before finding placements. Rick answered that while that is not part of the CareMatch system, it is something that DHS is asking hospitals when they call.

Representative Heaton asked if DHS is looking into what is preventing placements in hospitals. Rick answered that DHS is, and looking into whether people are being placed at a higher level of care than they need, which reduces capacity for individuals who have higher needs.

Sharon Lambert said she does not want her grandson in facility-based care, so he lives with her. She asked if there are services available to assist her to care for her grandson. Rick answered that he would be happy to speak with Sharon privately about her grandson and things that might be helpful for her specific situation.

Theresa said that Marion and Mahaska counties have operated as a two-county region for one year with provisional approval, and DHS has decided not to award them a second year of provisional eligibility. They have been directed to join other MHDS regions effective November 1. There was an appeal of the decision, and DHS's decision was upheld. Marion County is planning to join the County Rural Offices of Social Services region, and Mahaska County is looking into joining the South Central Behavioral Health region. These regions will need to update their policy and procedure manuals, and those will need to be approved by the Commission in October.

State Resource Center Barrier Report – Marsha Edgington

Marsha Edgington explained that every year, both State Resource Centers (SRCs) in Woodward and Glenwood publish a report on barriers to integration in the community for the individuals living in the SRCs. Barriers are listed in categories. The major barriers to integration into the community are interfering behaviors that makes it difficult to ensure safety for the self or others, underdeveloped social skills, health and safety, day programming or vocational opportunities, and individual or family/guardian reluctance.

In January 2014, Glenwood had 244 adults living there, and one individual under the age of eighteen. Woodward had 151 adults and three individuals under the age of eighteen living at the resource center. As of the week of the meeting, Glenwood had 236 individuals living there, and Woodward had 150.

Three of the four individuals under the age of eighteen living in resource centers have interfering behaviors that make it difficult for community providers to support them in the community. 60% of the adults living in the resource centers have interfering behaviors that require supports to ensure the safety of the self or others. One of the four individuals under eighteen had underdeveloped social skills. Approximately 11% of the adults in SRCs have underdeveloped social skills. This barrier is exhibited by invading personal space, inappropriate touching, loud or rude behavior, or inability to interact with others. No individuals under the age of eighteen have concerns with health or safety, but 22% of adults view this as a barrier to community integration. These complications include timely treatment of chronic conditions such as diabetes. Day programming and vocational opportunities are not a factor for resource center residents under eighteen, and it is only a factor for three adults out of nearly 400 residents. One of the four individuals under the age of eighteen living in SRCs finds family, parent, or guardian reluctance to be a barrier, and 69% of adults find this as a barrier.

Tom Broeker asked if individuals could have multiple barriers. Marsha answered that these were not mutually exclusive. Tom asked if some barriers are more prohibitive than others. Marsha answered that interfering behaviors are difficult to treat, but that resource centers spend a lot of time working with families, guardians, and providers to find out how best to support them in caring for individuals in the community.

Representative Heaton asked about the barriers of the individuals who came from Park Place and Pacific Place, two private residential care facilities that closed earlier in the year. Rick Shults said that seven individuals were placed at the SRC in Glenwood, and that community providers demonstrated the ability to provide support and care for the rest of the individuals who had lived in those facilities.

Sharon Lambert asked how the SRCs handle individuals with interfering behaviors. Marsha answered that treating interfering behaviors is part of the support SRCs provide. Correcting those behaviors is an essential part of moving individuals back into community settings.

Marsha spoke about how the SRCs address barriers individuals have and involve the families and guardians of the individuals. SRCs also collaborate with community providers and families of individuals who have moved back into the community who can serve as resources for families with questions. The SRCs also collaborate with Money Follows the Person supervisors to ensure a smooth transition from the resource centers to care in the community.

Marsha Said the SRCs currently have a waiting list of six individuals. Three individuals are out of state, two are in their family homes, and one is in a psychiatric hospital. There are three individuals who have submitted applications, but have not been added to the waiting list yet. In

addition to the application, DHS must determine that there are no less restrictive care settings for those individuals before they are formally added to the waiting list.

Marsha said the applicants to the waiting list seem to be getting younger. There are applicants as young as fourteen. Marsha expressed concern about SRCs as treatment settings for youths.

Geoff Lauer asked what the net reduction in SRC census was. Marsha answered that the SRCs had to take unexpected admissions this year, so there was a net reduction of twelve residents.

Tom Bouska asked what the cost of treating a patient in an SRC is per day. Rick answered that the cost is approximately $820 per individual per day. This figure is increasing as the census reduces and the fixed costs of the SRCs stay the same. Marsha added that the cost per day is all inclusive, and accounts for all therapists, medications, and caregivers.

Representative Heaton asked if Medicaid is paying for a portion of these patients' care. Rick answered that Medicaid does pay for the Medicaid eligible services they receive.

Olmstead Plan – Connie Fanselow

Connie Fanselow explained the history of the Olmstead Supreme Court decision (Olmstead) in 1999 which interpreted a portion of the Americans with Disabilities Act (ADA) of 1990. Title II of the ADA requires that state and local government services be provided equally regardless of disability status.

In 1995, two women living in Georgia who had intellectual disabilities and mental health needs wanted to live in the community rather than a psychiatric hospital. Their care teams agreed that they were able to live in the community. At the time, the state of Georgia did not have home and community based services. The women filed a suit against the state which went to the Supreme Court in 1999 when the case was found in their favor.

In the years since Olmstead, there has been federal guidance on Olmstead. President Obama proclaimed that 2009 was "The Year of Community Living" and instructed the Department of Justice to step up enforcement efforts in the states, and they have provided guidance on Olmstead compliance.

In Iowa, Governor Vilsack made DHS the state lead agency for Olmstead implementation. In 2001, a state steering committee composed of individuals who were receiving services, they family members, and disability rights advocates wrote the first Iowa Plan for Community Development. This steering committee has gone through several changes and is now known as the Olmstead Consumer Taskforce. The last Olmstead Plan was written in 2010, but several things intervened such as the Affordable Care Act, the Iowa Health and Wellness Plan, and Mental Health Redesign shifting mental health services from a county-based system to a regional system. As a result, DHS is looking to make the 2016 Olmstead Plan more flexible and more "future-proof" so that it can remain relevant even if there are major changes to the disability services system.

Connie presented the framework DHS has formed for the new Olmstead Plan. One of the Mental Health Redesign Workgroups focused on outcomes and performance measures. That workgroup recommended six domains that were later adopted into Iowa Code. Connie said that as these were central to the MHDS system, DHS is proposing to use those as a structure for the new Olmstead Plan. The domains are Access to Services, Life in the Community, Person-Centeredness, Health and Wellness, Quality of Life and Safety, and Family and Natural

Supports. Life in the Community has been separated into three sub-domains which are employment, housing, and transportation. This is a very broad framework that DHS will use to develop a new Olmstead Plan with stakeholders. DHS will be looking to define and measure standards for what "Access to Services" should mean. DHS will be looking to use quantitative and qualitative measures to evaluate progress towards the domain goals.

Rick Shults said DHS has very strong partners who are very willing to provide input and help develop the new Olmstead Plan. Connie said there will be many opportunities for input. The Olmstead Consumer Taskforce has formed a committee to work directly with DHS to help develop the plan, and Connie is presenting at other groups such as the Commission and the Mental Health Planning and Advisory Council to keep them up to date.

Sharon Lambert asked for information on the Olmstead Consumer Taskforce. Connie explained that the Olmstead Consumer Taskforce is made up of consumers of services, family members, representatives from state departments, and disability advocates. The Taskforce is over 50% consumers of services and family members. State agency representatives are non-voting members.

Representative Heaton asked what Iowa needs to do to come into compliance with the new federal rules on home and community based services (HCBS). Rick answered that most residences meet these rules, but there are some settings that are clustered together in one site or in one area. The Centers for Medicare and Medicaid Services (CMS) would like these to be better blended into the communities. CMS would also like to see more work in pre-vocational services that will prepare individuals with disabilities to be successful in integrated employment settings.

Geoff Lauer asked about the flexibility in the Olmstead plan. He expressed concern that flexibility could be seen as vague. The Department of Justice has been holding states accountable for specific and measurable goals. Geoff said the Olmstead Consumer Taskforce will continue to advocate for inter-department participation in the development of the Olmstead Plan, and encouraged DHS to have specific goals and measures in the plan. Rick answered that the goals are set, and the measures are set, and the flexibility comes in how those goals are achieved in an environment that constantly changes and new opportunities are identified.

Public Comment
No Public Comment was offered at this time.

A break was taken for lunch at 12:00 pm

The meeting resumed at 1:05 pm

Legislative Priorities Committee Report – Geoff Lauer
The Commission Legislative Priorities Committee met by conference call since the last full Commission meeting. Geoff said the Legislative Priorities Committee started by reviewing last year's legislative priorities report to review what had been accomplished and what still needs to be addressed. Geoff said a central issue for the committee was predictable and sustainable funding. There has been discussion in the past around levy caps, and should they be raised or removed to allow counties to manage their MHDS regional funding. There was discussion on counties having more control over county levies. There was a consensus among the county supervisors sitting on the Commission that they would like to have more control over levy rates.

Geoff said that an area of concern for the Legislative Priorities Committee was the incoming managed care system for Medicaid as part of the Medicaid Modernization Initiative. Geoff said the committee had discussed considering a recommendation for ongoing oversight of the MCOs in addition to the Medical Assistance Advisory Council (MAAC). The committee discussed several other areas of possible interest including dental health, transportation, Medicaid waiver waiting lists, and possible delays in managed care implementation.

Geoff Lauer asked for information on how many individuals are receiving care out of state that is being paid for by Iowa funds. Theresa Armstrong said DHS will find that information for the committee.

Geoff said that the committee is interested in Children's Mental Health services. As there is a workgroup meeting to report on that subject, the committee will look to them to make recommendations.

Geoff asked if anyone wanted to add anything. Michael Polich had a question about supervised, unlicensed workers who is working towards receiving a license. If such a worker were treating an individual with co-occurring mental health and substance use disorder diagnoses, those services would be reimbursable, but once the substance use diagnosis is under control and treated, the supervised worker may not continue treating the individual. Instead, they must refer the individual to a licensed mental health provider. Theresa Armstrong said Iowa Medicaid Enterprise (IME) is aware of this issue and will address that question.

Kathy Johnson suggested the Legislative Priorities Committee consider recommendations that would address workforce shortages in general such as loan forgiveness programs for mental health workforce who do not work in a shortage area.

Sharon Lambert said that there was discussion in the Mental Health Planning and Advisory Council about moving crisis response services out of DHS and into public safety or law enforcement since they are often the first responders when an individual is experiencing a mental health crisis.

IA Health Link Member Transition – Lindsay Buechel

Lindsay Buechel said approximately 98% of current Medicaid members will be part of the Managed Care program. Excluded groups include members enrolled in the Program for All-Inclusive Care for the Elderly) PACE, premium payment programs, individuals who are medically needy, American Indians and Alaskan Natives, and undocumented individuals who are eligible for short term emergency care.

Geoff Lauer asked if employed people with disabilities will be included. Lindsay answered that yes, they will be included.

Lindsay said that services available today will be available under the MCOs; the change is coming in terms of who administers those benefits. The one exception is dental services. If someone receives Iowa Medicaid dental services today, those services will continue to be under Iowa Medicaid and not the MCOs. IME has a pilot dental health program that has been successful, and they will be continuing that program.

There is a robust communications plan in place, and there will be public meetings to educate members, advocates, and stakeholders all around the state starting in mid-October. There is a schedule that has been released, but Lindsay said that this is a starting point, and there will be

more meetings added as needed. There will be training sessions for stakeholders, providers, community partners, and non-providers.

Jen Sheehan asked if IME has a plan for members who do not speak English as a first language. Lindsay said that all the materials IME is producing will be available in other languages as well. Jen encouraged IME to reach out to churches and cultural centers to inform non-English-speaking members and stakeholders.

Lindsay said that the MCOs are starting to reach out to the community and will be doing their own training sessions. DHS will need to approve all public-facing materials the MCOs will use.

Members will begin receiving introductory letters in the next few weeks. The letter will provide a timeline, frequently asked questions, and information about the program changes. The letters will vary based on the member's eligibility.

The next mailing will be a tentative MCO assignment with an enrollment packet. Members will receive enrollment letters and information on the MCOs, if the members are satisfied with the tentative assignment, they do not need to respond. If they would like to change MCOs for any reason, they may request that change. If they send the request in before December 17, 2015, they will be enrolled in their preferred MCO starting January 1, 2016. If they make the request after December 17, they will have the tentative assignment for January, and be enrolled in their preferred MCO starting February 1, 2016. Tentative assignments are not random and are designed to keep families together. MCOs will not contact the member until that member is enrolled with the MCO.

Patrick Schmitz asked what assistance is available for members in choosing between the four MCOs. Lindsay answered that IME member services will be available to help. These are neutral parties who can provide information and advice on the four MCOs and the member's providers. They may not suggest which MCO to enroll with, but they can offer advice on what factors to consider when choosing their MCO.

Tom Bouska asked what happens if family members have different addresses. Lindsay answered that they may receive different tentative assignments, but they would still be able to choose the same MCO.

Kathy Johnson asked what happens to Medicaid services that IME does not pay for currently. Lindsay answered that those services will be paid for by IME starting January 1. IME will continue to pay for services for individuals not enrolled with MCOs.

Geoff Lauer asked about out of state providers. Magellan may be serving individuals out of state. Lindsay answered that MCOs are working on that question.

Patrick Schmitz asked how many providers will need to contract with Medicaid who are currently only contracted with Magellan. Lindsay answered that the vast majority of providers are already enrolled with Iowa Medicaid, and IME has reached out to those providers who are not.

Lindsay said that when a member wants to change their MCO, they may do so. Members may change their MCO for any reason before March 18, 2016. After March 18, they may do so for good cause. Lindsay said she anticipates the most common good cause reason being a member's provider not being in the current MCO's network. Changes in eligibility or changing care needs are also good cause reasons. IME member services will assist members with

changing MCOs and determining good cause reasons. Lindsay said if members have any questions about this process, that they should call member services as they are meant to be the point people for these questions. If a member knows which MCO they want to choose and do not have any additional questions, they can select that MCO on an automated phone line that is available twenty-four hours a day and seven days a week.

Michael Polich asked what happens if a member changes eligibility in the middle of a month. Lindsay answered that MCO eligibility is done month-to-month, so changes will be effective on the first day of the next month.

Geoff Lauer asked if Money Follows the Person (MFP) services will be covered. Lindsay answered that MFP services will be covered by Medicaid fee-for-service, but the member will be enrolled with an MCO, and their other benefits will be provided by them.

Lindsay said that MCOs must offer all current Medicaid physical and behavioral health providers contracts for six months. They must offer all current long-term care and home and community-based service providers contracts for the first two years.

Sharon Lambert asked if there are exceptions for out-of-network providers. Lindsay said there are, and that MCOs are able to sign special contracts with providers to care for that individual's specific needs.

Planning for the October Meeting
There are plans to hear from the County Rural Offices of Social Services and South Central Behavioral Health regions. As well as a presentation of the Rules on Mental Health Advocates.

There was a request to hear a presentation on crisis stabilization.

Public Comment
There was no public comment offered.

The meeting was adjourned at 3:0 pm.

Minutes respectfully submitted by Peter Schumacher.